Healthy People 2000
Health Status Indicators
by Texas Public Health Regions
and Race/Ethnicity, 1990-2000

TEXAS DEPARTMENT OF HEALTH

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Health Status Indicators

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INTRODUCTION

HEALTHY PEOPLE 2000 HEALTH STATUS INDICATORS

The concept of measurable and understandable health status indicators (HSIs) as part of a national surveillance and data system evolved from the Centers for Disease Control and Prevention's (CDC) publication *Healthy People 2000: National Health Promotion and Disease Prevention (HP2000)*.[1] *HP2000* proposed national and state level strategies to develop measures that facilitate health status comparisons across regions and among ethnic groups. The ultimate goal of developing these measures was to create a solid base of health information to design and monitor community programs for prevention and surveillance. Likewise, this baseline information was intended to assist communities in identifying health trends and potential health problems among different population groups.

To further refine the assessment of health status and to facilitate reporting throughout the United States (U.S.), the CDC charged a consortium of public health experts to develop core HSIs appropriate for use by federal, state, and local health agencies. Initially, the consortium identified and published 18 HSIs in 1991 that could provide a standardized and broad overview of a community's health status.[2] These indicators have been used to facilitate the monitoring of natality, mortality, disease incidence, poverty, and air quality to highlight differences and similarities among administrative or political regions and among racial/ethnic groups.[3] Moreover, these outcome-oriented indicators can be used to measure the effectiveness of specific health promotion and disease prevention strategies.

Part One of this report shows indicators for each of Texas' 11 public health regions in comparison with the state, the U.S., and established targets. Texas HSIs provide measures of natality, morbidity, mortality, socioeconomic status, and environmental conditions. Part Two provides the same measures by race/ethnicity. Throughout this report, the "white" category includes the "other" race/ethnic group.

The majority of HSIs reported in this document mirror the *HP2000* HSIs. However, selected HSI operational definitions differ in some instances from those in *HP2000*. Some Texas HSIs have targets that do not reflect *HP2000* objectives. For example, no *HP2000* objectives exist for "Total Deaths" or "Childhood Poverty." Texas HSIs also include measures not used in federal reports such as total cardiovascular disease (see Appendix 2 for a complete listing of cause of death or morbidity classification definitions for each indicator).

Acquired immunodeficiency syndrome (AIDS) incidence is not included as a Texas HSI because of discontinuities in data resulting from: 1) change in case definition and 2) the understanding that the transition from human immunodeficiency virus to AIDS now differs with the advent of new drug treatment protocols. Consequently, this report uses only 17 of the original HSIs (see page 2). *HP2000* separates cardiovascular diseases into two primary components: coronary heart disease and stroke. These two components account for a large proportion of cardiovascular disease deaths, but they do not encompass all cardiovascular diseases. Therefore, all cardiovascular disease deaths are reported in addition to deaths due to heart disease and stroke.

As a result of the groundwork laid by *Healthy People 2000*, *Healthy People 2010* reflects national health goals for the new millenium. Two overarching goals, 1) increasing the quality and quantity of a healthy life and 2) eliminating health disparities, characterize the objectives contained within the *HP2010* initiative. *HP2000* goals are similar to those set for 2010 and thus their use can be continued to track the progress made throughout the 1990's.

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[1] U.S. Department of Health and Human Services. 1990. *Healthy People 2000*. DHHS Publication No: (PHS). 91-50212. Washington, D.C.: U.S. Government Printing Office.

[2] M.A. Friedman. 1991. Health Status Indicators for the Year 2000. Statistical Notes. Vol 1, No. 1, Hyattsville, MD: National Center for Health Statistics.

[3] U.S. Department of Health and Human Services. 1996. *Healthy People 2000: Statistics and Surveillance*. No. 8. May 1996. National Center for Health Statistics, Centers for Disease Control and Prevention.

Health Status Indicators

The Health Status Indicators‡ presented in this report are:

- Total deaths*

- Infant mortality rate (number of infant deaths, age less than one year, per 1,000 live births)

- Motor vehicle crash deaths*

- Suicides*

- Homicides*

- Lung cancer deaths*

- Female breast cancer deaths*

- Cardiovascular disease deaths*

- Heart disease deaths*

- Stroke deaths*

- Work-related injury deaths (work-related deaths per 100,000 workers aged 16 and over)

- Reported incidence of measles†

- Reported incidence of tuberculosis†

- Reported incidence of primary and secondary syphilis†

- Prevalence of low birth weight (percent of live births weighing less than 2,500 grams)

- Births to mothers 10 to 17 years of age (percent of live births to mothers aged 10-17 years)

- Lack of prenatal care in first trimester (percent of live births to mothers with no first trimester care)

- Childhood poverty (percent of children 17 years and younger known to be living at or below Federal poverty level)

- Air quality (percent of Texas residents living in counties exceeding U.S. Environmental Protection Agency air quality standards during previous 12 months)

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‡The system used to code mortality statistics for the years 1990 through 1998 is the ICD-9; while for 1999 and 2000, ICD-10 is used instead. See Appendix 2 for more detail on mortality and morbidity coding.
*Age-adjusted using 1940 U.S. standard population per 100,000 population. See Appendix 5 for more detail on age-adjusting.
†Morbidity rates are per 100,000 population, not age-adjusted.